

KDHE Urges Families To Get Whooping Cough Vaccine

The Kansas Department of Health and Environment (KDHE) is urging Kansas families to get vaccinated for whooping cough (pertussis). The state has seen a significant increase in pertussis cases in 2005, despite availability of new vaccine for older children and adults. The increase in Kansas is reflective of what has been going on nationally and began in 2004.

As of Dec. 19, the number of pertussis (whooping cough) cases in Kansas has risen to 535, which is much higher than in previous years. (Of the 535 cases, 269 are confirmed and 266 are probable cases) Sixty-one counties are experiencing at least one case of pertussis. Four counties comprise 51 percent of the cases and they are Douglas, Johnson, Reno, and Sedgwick.

Since Jan. 1, 2005, about 15 percent of all confirmed and probable cases have been in infants less than one year (56 confirmed and 21 probable cases), while 21 percent are in the 1-9 age group, 26 percent are in the 10-19 age group and 38 percent fall in the 20 and older age group.

"We urge families to get vaccinated for whooping cough, especially if they have infants in their home," said Dr. Howard Rodenberg, KDHE Division of Health Director. "With new vaccine made available just this year for older children and adults, we now have an opportunity to give the infants in the home added protection against pertussis at a time in their lives when it can be deadly."

"It is most critical that parents get their infants vaccinated for pertussis to prevent this difficult and highly contagious illness which has already taken the life of one Kansas infant this year," Rodenberg noted.

"In 2004, we began to see an increase in pertussis cases beyond what we had seen in Kansas for quite some time," said Rodenberg. "Unfortunately, this year, the cases have climbed even higher due to the contagious nature of this disease. A portion of the increase may be due to increased awareness which leads to more people going to the doctor and also doctors being more on the lookout for it."

Reason for Increase in Cases:

One reason for the increased number in cases is testing capabilities have improved recently allowing for state laboratories and commercial laboratories to better identify pertussis cases. KDHE has also increased its tracking of cases in recent years. In addition, once reports of a disease are on the rise, more physicians begin to test for it and people are more likely to contact physicians when they experience symptoms. Also, pertussis is very contagious, so once it gets started in an area, it can spread very easily. It's also important to remember that pertussis like many diseases is cyclical in nature accounting for spikes in case counts in certain years.

Pertussis Statistics 1999-2004:

In all of 2004, there were 98 confirmed cases and 119 probable cases. In 2003, there were 23 confirmed cases, and in 2002, there were a total of 38 confirmed cases. From 1999 - 2001, the three-year median was 18 confirmed cases.

Recommendations/Information to Kansas Physicians:

KDHE is contacting physicians throughout the state this week regarding whooping cough vaccinations. We also contacted health care providers in September regarding the growing number of cases at that time (141 confirmed cases and 166 probable cases). In January 2005, KDHE's Bureau of Epidemiology and Disease Prevention held a series of pertussis conference calls for health care providers including doctors, laboratory staff and local health departments.

New Vaccine Made Available in 2005:

Earlier this year, the Advisory Committee on Immunization Practices (ACIP) recommended that adolescents aged 11-18 years receive one of the two newly licensed Tdap vaccines (Tetanus and Diphtheria and Pertussis) in place of the currently recommended Td (Tetanus and Diphtheria) booster. These vaccines are the first pertussis antigen-containing vaccines to be licensed in the United States for use in adolescents or adults and should help reduce the increasing burden of pertussis in adolescents.

The ACIP also recommended that adolescents 13-18 who missed the 11-12 year dose of Td receive Tdap. Adolescents 11-18 who have already received Td are encouraged to receive a dose of Tdap to protect against pertussis. Additional information on the Tdap vaccine and pertussis may be found at the following Web site:

<http://www.cdc.gov/nip/vaccine/tdap/default.htm>.

Transmission and diagnosis of pertussis (whooping cough):

Pertussis is a highly contagious respiratory infection commonly referred to as whooping cough. It is a potentially fatal childhood disease that is preventable with vaccination. The disease is named after the whoop sound children and adults often make when they try to inhale during or after a severe coughing spell.

People can get infected with pertussis by inhaling contaminated droplets from an infected persons cough or sneeze or by sharing eating and drinking utensils. A person with pertussis becomes contagious in the early stages of infection. During this period, the person usually just has a runny nose. They are still quite contagious the first two weeks after onset of the cough (approximately 21 days total).

Mild cases of pertussis are difficult to diagnose because they resemble a cold, according to the Centers for Disease Control and Prevention (CDC). However, mild cases can be passed on to young children and can produce severe illness in the child.

Symptoms of pertussis (whooping cough):

Symptoms of pertussis appear as a cold, or resemble the flu including a runny nose, sneezing, fever, and a mild cough. Symptoms can last up to two weeks and are followed by

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increasingly severe coughing spells. Fever, if present, is usually mild. Symptoms appear between 6 to 21 days (average 7-10 days) after exposure to the bacteria.

During a classic coughing episode, the signature whoop is heard when the patient struggles to breathe. Cough usually produces thick mucus. Vomiting may occur after a coughing episode and the lips and nails may turn blue due to lack of oxygen. The patient is left exhausted after the coughing spell.

Prevention and treatment of pertussis:

If you or a member of your family is exhibiting symptoms including cough for two weeks or longer without other explanation, please contact your physician. There are medications to treat the infection and relieve the symptoms. The CDC urges individuals that suspect they have pertussis to limit contact with unvaccinated children and see a physician as soon as possible.

The single most effective control measure is immunization of the most vulnerable population (children under 1 year of age) against pertussis. Immunization is recommended at ages 2, 4, 6, and 12 months with a booster at kindergarten entry.

Infants (1 year old and under) are at highest risk for pertussis-related complications, including seizures, encephalitis (swelling of the brain), severe ear infection, anorexia (severe loss of appetite) and dehydration. Pneumonia is the most common complication and cause of infantile pertussis-related deaths.

According to CDC, www.cdc.gov/nip/publications/pink/pert.pdf , pertussis was responsible for approximately 280,000 deaths worldwide in 2001. Due to vaccination, the number of cases in the United States decreased by 98 percent in the mid-20th century from approximately 200,000 to 4,200. For more information, visit www.pertussis.com or www.cdc.gov or <http://www.kdheks.gov/pdf/hef/ab1060.pdf>.